



HEALTH & WELLBEING PROGRAM WORKER INTEREST SURVEY

This short survey (5 minutes) provides an opportunity for you to comment on the types of health and wellbeing initiatives you would like to see implemented at your workplace. Your selections and comments will be considered by your workplace in the planning of the health and wellbeing programs. Participation in the survey is voluntary and no names are recorded to ensure all responses are confidential.

1. **Local Government:**

2. **Are you interested in participating in health & wellbeing activities in the workplace? (e.g. health assessments, skin screens, seminars, exercise sessions)**

- Yes
- No
- I prefer to undertake healthy activities in my own time

a. **If yes, what health activities would you be most interested in participating in? (please choose your top 3)**

- Basic (15 – 20 minute) Health Assessment
- Comprehensive (30 – 60 minute) Health Assessment
- Skin Cancer Screen
- Financial wellbeing
- Group exercise classes
- Virtual exercise classes
- Virtual health consults
- Health education (seminars/webinars)
- Flu Vaccination
- Nutrition education (practical recipe/cooking demo's)
- 8 – 12 week Healthy Lifestyle Challenge
- Pedometer event or walking challenge
- App based health programs (sleep tracking, exercise videos)
- Online health portal (website with health and wellbeing information)
- Warm up for work/ stretching sessions
- Mental wellbeing (stress management, resilience, mindfulness)

3. **Which health and wellbeing topics would you be most interested in learning more about? (Please choose your top 3)**

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| <input type="checkbox"/> Nutrition/ Healthy eating & cooking | <input type="checkbox"/> Alcohol and other Drugs |
| <input type="checkbox"/> Cardiovascular Disease (Heart health) | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> Mindfulness |
| <input type="checkbox"/> Men's Health | <input type="checkbox"/> Quitting Smoking |
| <input type="checkbox"/> Healthy Ageing | <input type="checkbox"/> Fitness & Exercise |
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Work Life Balance | <input type="checkbox"/> Sleep and fatigue |
| <input type="checkbox"/> Sun Safety | <input type="checkbox"/> Financial wellbeing |



**4. Which exercise services would you be most interested in participating in?
(Please choose your top 2)**

- Strength/ Aerobic circuit
- Mobility, stability & flexibility
- Online workplace challenge
(walking/push ups, etc)
- Individual exercise programs
- High intensity interval training (HIIT)
- Team sports

5. What are the top three unhealthy lifestyle behaviours you would like to change to enhance your health and wellbeing? (please tick three boxes only)

- Eating unhealthy meals or snacks at work
- Eating unhealthy meals or snacks at home
- Unhealthy weight
- Not meeting the recommended guidelines of eating 5 serves of vegetables and 2 serves of fruit a day
- Not meeting the recommended 30 minutes of moderate-intensity physical activity a day
(moderate-intensity will cause a slight, noticeable increase in your breathing and heart rate)
- Spending a lot of time sitting at work
- Spending a lot of time sitting or lying down (awake) at home
- Smoking
- Consuming too much alcohol
- Prolonged or excessive stress responses at work or outside of work
- Other, for example, sun safety, fatigue, work-life balance (please list)

6. When would you be most interested in participating in health activities in the workplace?

- Before work
- During lunch time
- After work
- During tool box talks/staff meetings
- In work time where practical and feasible

7. Are there any barriers in the workplace that you think prevents you from undertaking healthy behaviours?

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8. We value your opinion, if you have any other comments or suggestions that will help to make our workplace healthier, please list below.

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Thank you for your time.